



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
STATE PUBLIC HEALTH LABORATORY  
**ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT**

**RECEIVED**

By Carol Day at 9:46 am, Sep 19, 2013

Complete this report in duplicate at the time of the regular monthly preventative maintenance check, and whenever instrument is repaired. Send copy to Department of Health and Senior Services; retain original in department file.

ALCO SENSOR IV SN  
097410

PRINTER SN  
096.3580.983

DATE OF INSPECTION  
09/19/2013

LOCATION OF INSTRUMENT (STREET AND CITY)  
415 Elm Grove Lane Hazelwood

TIME OF INSPECTION  
8:42 am

**CHECKLIST:** Place a mark in the box by each item if found to be satisfactory or if operating within established limits. (Write in observed values where determined.) Unmarked items must be corrected before using instrument.

☒ DIGITAL READOUT (ALL ELEMENTS OPERATIONAL)

☒ TEMPERATURE OF ALCO SENSOR (10°C - 40°C)

☒ PRINTER WORKING PROPERLY

☒ TIME AND DATE DISPLAYING PROPERLY

**BREATH ALCOHOL ACCURACY STANDARDS**

☒ SIMULATOR SOLUTION

☐ COMPRESSED ETHANOL-GAS MIXTURE

☒ STANDARD SUPPLIER Guth Laboratories, INC. LOT # 1301 EXP. DATE 01/09/2015

☒ SIMULATOR TEMPERATURE (34°C ± 0.2°C) 34.0 SIMULATOR SN SD2742 SIMULATOR EXP DATE 12/03/2013

☒ CALIBRATION CHECK - (ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT)

Run three tests using a standard solution. All three tests must be within ±5% of the standard value and must have a spread of .005 or less. Check the box corresponding to the standard solution being used. (PRINTOUT ATTACHED)

☒ 0.100% STANDARD - MUST READ BETWEEN 0.095% and 0.105% INCLUSIVE

☐ 0.080% STANDARD - MUST READ BETWEEN 0.076% and 0.084% INCLUSIVE

☐ 0.040% STANDARD - MUST READ BETWEEN 0.038% and 0.042% INCLUSIVE

TEST 1 .099

TEST 2 .098

TEST 3 .098

☒ RFI DETECTOR OPERATING

INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:  
(DO NOT INCLUDE SELF-ADMINISTERED TESTS)

REFUSALS 1 (0-.04) 0 (.05-.09) 0 (.10-.14) 0 (.15-.19) 1 (OVER .19) 0

List any new parts and describe any alteration or modification that was made to restore the instrument to operate satisfactorily and within established limits (use other side if necessary).

The instrument is operating within D.O.H.S.S. specifications. No repairs were made to the instrument. Guth Laboratories certified alcohol reference solution was used, which created a .10 vapor, bottle number 1650.

**INSPECTING OFFICER**

SIGNATURE

*[Signature]* 220316

PRINT NAME

Anthony Kristo

TYPE II PERMIT NUMBER/EXPIRATION DATE

220316 / 09.28.2014

TELEPHONE NUMBER

(314) 838-5000

Return completed report to the: Breath Alcohol Program, MO Department of Health and Senior Services, Southeast District Office  
2875 James Boulevard  
Poplar Bluff, MO 63901



**GUTH LABORATORIES, INC.**

690 NORTH 67th STREET • HARRISBURG, PA 17111-4511 • TELEPHONE: 717-564-5470

## CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number 13010 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on January 14, 2013, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain 0.1218% (w/vol) ethyl alcohol. The expiration date for this lot number is January 9, 2015 at 11:59 PM.

When used in a calibrated Simulator, operating at 34°C +/- .2°C, this solution will give a breath alcohol analysis instrument reading of 0.100 g/210L +/- 3%.

The alcohol and water used in this solution were free of test interfering substances.

Ted L. Pauley, President  
GUTH LABORATORIES, INC.

***NIST Traceability:***

*Testing was conducted using Cerilliant Reference Standard lot number FN122211-02 whose values are traceable to NIST.*

*All balances are calibrated annually by an outside agency using NIST traceable weights. Calibration verification is done prior to each use utilizing NIST traceable weights.*

AS IU Serial no: 097410  
Version no: 004C

TEST RECORD 01101

Temp Test Time 210L s/

Air Blank: 09/19/13 08:43 .000

Calibration Check: 22 09/19/13 08:43 .098

Subject Name Test

Subject I.D. N/A

Operator Name, I.D. WABD 220316

Location 415 Elm Ave SW

Harwood

AS IU Serial no: 097410  
Version no: 004C

TEST RECORD 01102

Temp Test Time 210L s/

Air Blank: 09/19/13 08:45 .000

Calibration Check: 23 09/19/13 08:45 .098

Subject Name Test

Subject I.D. N/A

Operator Name, I.D. WABD 220316

Location 415 Elm Ave SW

Harwood

AS IU Serial no: 097410  
Version no: 004C

TEST RECORD 01103

Temp Test Time 210L s/

Void: RFI 12 09/19/13 08:46

Subject Name Test

Subject I.D. N/A

Operator Name, I.D. WABD 220316

Location 415 Elm Ave SW

Harwood

AS IU Serial no: 097410  
Version no: 004C

TEST RECORD 01100

Temp Test Time 210L s/

Air Blank: 09/19/13 08:42 .000

Calibration Check: 21 09/19/13 08:42 .099

Subject Name Test

Subject I.D. N/A

Operator Name, I.D. WABD 220316

Location 415 Elm Ave SW

Harwood